## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000002791**

1. Entity Name

MICROTIME TECHNOLOGIES CORPORATION



FILED Apr 16, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

4924 HIDDEN OAKS TRAIL SARASOTA, FL 34232-3040 4924 HIDDEN OAKS TRAIL SARASOTA, FL 34232-3040



01142007

No Chg-P

CR2E034 (11/05)

4. FEI Number 01-0560585

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address	of	Current	Re	gistere	d A	gen
----	------	-----	---------	----	---------	----	---------	-----	-----

DO NOT WRITE IN THIS SPACE

FERRELL, HUGH C 4924 HIDDEN OAKS TRAIL SARASOTA, FL 34232-3040

## DO NOT WRITE IN THIS SPACE

SARASOT	A, FL 34232-3040			IN T	HIS SPAC	Ę
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or r	egistered agent, or both	ı, in the State of Florida. I ar	n familiar with, and accept
,	,	•	•			, ,
SIGNATURE.	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: Registered A	gent signature	required when reinstating)	DATE	
201 1 12		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol> <li>Election Campaign Financi Trust Fund Contribution.</li> </ol>	ng 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		· · · · · · · · · · · · · · · · · · ·		1.4
TITLE NAME STREET ADDRESS CITY-ST-ZIP ,	P FERRELL, HUGH C 4924 HIDDEN OAKS TRAIL SARASOTA, FL 34232			,	U0000071 04/25/07-80	0362 039-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPAC	E
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS City-ST-Zip	er west in a contract		·.	And	The second se	y was some as the suit

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

SIGNATURE TAPED OR PRINTED NAME OF SIGNING OF MEET OR DIRECTOR

Apr 11,7001

941.319.3632

Daytime Phone #